PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docker Number  201683 Ut (1)															
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			88					RAT	Ε	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			% minus 20=		. 68			XS S	 )=		OR	V510	1224		
INDEPENDENT CLAIMS			\$ 3 minus 3 =		· 0			X43	=		1		1249		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT								OR				
* If the difference in column 1 is less than zero, enter "						column-2		+145			OR	L	10001		
								TOTA	¥Ľ.		OR		188K		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMA	LL I	EŅTITY	OR	OTHER SMALL I			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R,	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 0	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	· 0	Minus	***	•	=		X43:	-		OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145				+290=			
1155							ŧ	TO1			OR	TOTAL			
								ADDIT. F			OR	ADDIT. FEE			
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colun HIGHI NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA	] [	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	źź				X\$ 9:	-		OR	X\$18=			
	Independent	*	Minus	###		=		X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪	<u> </u>					
								+145:	•	,	OR	+290=			
									EE		OR	TOTAL ADDIT. FEE			
<u> </u>		(Column 1) CLAIMS	· :	(Colum		(Column 3)									
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total · ·	*	Minus	44		=		X\$ 9=	,		OR	X\$18=			
	Independent	*	Minus	***		=		X43=	1			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪		OR	7.00-			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290≃			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total ADDIT. FEE										OR ,	TOTAL ADDIT. FEE				
		mber Previously Paid ther Previously Paid								opriate box	in cot	umn 1.	_		